## <u>Vanderburgh County Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date:  | <u>December 04, 2012</u>  | Address:  | 400 Block Of Willow Road                   |
|--|---|---|--|
| Case #:  | <u>12-002</u> 54  |   | Evansville, Jn                             |
| County:  | Vanderburgh County  |   | <u>47714</u>                               |
| Type of Laboratory Scizure (check one)                       |   | Seizure Location (check all that apply)                     |  |
| <ul><li>○ Operati</li><li>○ Chemic</li><li>○ Dumps</li></ul> | cal/Glassware/Equipment (only)  | Residence Outbuilding Vehicle                               | ☐ Hotel/Motel ☐ Open No Structure ☐ Other; |
| (check all t   | <u>ind: Location (bedroom, kitchen, open at</u><br>hat apply)<br>n/Ammonia Reaction(s): <u>Woo</u> ds   | ir. etc)  |  |
| Red Phosphorous/Iodine Reaction(s):                          |   |   |  |
| ☐ Flammable Solvents: Woods                                  |   |   |  |
| Water Reactive Metal (Lithium): Woods                        |   |   |  |
| ☐ Hydrochloric Acid Gas Generator(s): Woods                  |   |   |  |
| Anhydrous Ammonia:   |   |   |  |
| Corrosi  | iye Acid:   |   |  |
| Corrosive Base: Woods  |   |   |  |
| Other (item and location):                                   |   |   |  |
| Yes No Childre Living con Estimated                          | er age 18 discovered (check appropriate (number present) en not present but evidence they reside ditions of home; clean disarray length of time manufacturing had been Information: | or visit often  |  |
| This repor   | rt has been faxed to the following ag   | encies that serve the                                       | location:                                  |
| Health Der   | tment: <u>EFD</u> partment: <u>Vanderburgh County</u> at of Child Services: <u>CPS</u>  | Fax: <u>812-4</u><br>Fax: <u>812-4</u><br>Fax: <u>812-4</u> | 35-2400                                    |
|  | information regarding this methamph   |   | ontact                                     |

This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.